FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CENTRAL LAND CO



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 187600

600

(2)

FILED Mar 26 1997 8:00am Secretary of State



Principal Place of Burshess 1231 - 99TH ST BAY HARBOR ISLANDS FL 33154		Mailing Address XIIXXIIXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
		MIAMI BEACH,	FL 331	41	 Date Incorporated or Qualified 09/08/1955 	3a, Date of Last Report 05/09/1996
2. Principal Place of Business 21		2a. Mailing Andress 26		4. FEI Number Applied For 59-6059086 Not Applicable		
Suita, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 25		Zip Country 29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Cu	rrent Registered Agent		Т	10. Name and Address of New Re	gistered Agent
	RSON, GARY R., CPA		81	Name		
	71ST STREET MI BEACH FL 33141		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
MIA	MI DEMOTI PE 33 14 1		83			
				<u> </u>		
			84	City		FL 85 Zip Code
SIGNATURE	5.1. Special per struck of regular OFFICERS	a agert and discribed by a AND DIRECTORS DELETE	TE: Registered Aç 13. 1.1 Tifle	ent signature rei	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DAYE DERS AND DIRECTORS IN 12 Change Addition
NAV SIBHTI ADDRESS	ORLEANS, HARRY 1231-99TH STREET	1.21		T ADDRESS		Citalige C. Addition
U TY-S1-70P	BAY HARBOR IS FL		1,4 CITY-	ST-ZIP	-	
THILE	D Orleans, virginia	L DELETE	2.1 TITLE			Change Addition
NAVE	1231-99TH STREET		2.2 NAME			
STREET ADDRESS	BAY HARBOR IS FL		2.3 STREE 2.4 CITY-	1 ADDRESS		
CUTY-ST-ZIP TITLE	RA DELETE		31 TITLE	31-21		Change Addition
NAME	GERSON, GARY R.		3.2 NAME			
STREET ADDRESS	666 71ST STREET		3.3 STREE	I ADORESS		
C-1Y - \$1 - 70P	MIAMI BEACH FL		3.4. CITY	ST-ZIP		
10.00			4.1 TIFLE			Change Addition
NAME COLOR AND SOCIETY			4. 2 NAMI			
STREET ACTIVES IN			4.3 STREE	T ADDRESS		
TPUE		DELETE	5.1 TITLE	01,511		Change Addition
NAME			5.2 NAME			-
\$1661 At 08658				T ADDRESS		
Oly-SI-70			5.4 CiTY-	SI - ZIP		
lift[f		DELETE	€ 1 TITLE	Γ		Change Addition
MAM			6.2 NAME			
SHEET ADORESS			6 3 STREE	T ADDRESS		

14. If do he reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated on this annual furfact of three and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the cooperation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 citanged, or on an attachment with an address.

SIGNATURE:

NING OFFICER OR DIRECTOR

7 395-868-3**6**0